

### Exchange Work Plan and Timeline

Core Area	2011	2012	2013	2014
Background Research	<p>Q2 Complete analysis of individual and small group insurance market. The analysis will include determining the size and demographics of the uninsured in Arizona and identifying the largest insurance plans in each market by market share and location.</p> <p>Q2 Research has been completed and posted to the Exchange website and has been shared with CCIIO and stakeholders.</p>	<p>Q1-Q2 Background research will be used to model potential enrollment in both the Medicaid and commercial insurance components of the Exchange</p>		
Stakeholder Consultation	<p>Establish ongoing consultation with stakeholders regarding Exchange design and operational issues.</p> <p>Q2 Establish stakeholder work groups on IT Infrastructure, plan certification and design issues. Separate work groups have been established for carriers and brokers. Meetings have begun.</p> <p>Q2 Establish consultation with the 22 federally recognized tribes in Arizona. The Inter Tribal Council of Arizona will coordinate soliciting tribal input on Exchange design and operational issues.</p>	<p>Continue general stakeholder consultation on design and operational issues.</p> <p>Continue stakeholder workgroups on specific implementation issues.</p> <p>Q1 Navigator and Public Education and Outreach work groups will be formed</p> <p>Continue tribal consultation with the 22 federally recognized tribes in Arizona. The Inter Tribal Council of Arizona will coordinate soliciting tribal input on</p>	<p>Continue general stakeholder consultation on design and operational issues.</p> <p>Continue stakeholder workgroups on specific implementation issues.</p> <p>Continue consultation with the 22 federally recognized tribes in Arizona. The Inter Tribal Council of Arizona will coordinate soliciting tribal input on</p>	<p>Continue general stakeholder consultation on design and operational issues.</p> <p>Continue stakeholder workgroups on specific implementation issues.</p> <p>Continue consultation with the 22 federally recognized tribes in Arizona. The Inter Tribal Council of Arizona will coordinate soliciting tribal input on</p>

		<p>Exchange design and operational issues.</p> <p>Q2 Contract with Inter-Tribal Council to provide public education/outreach services to tribal members.</p>	<p>Exchange design and operational issues</p>	<p>Exchange design and operational issues</p>
Legislative Regulatory Action	<p>Q1 Legislation was introduced in the Legislature to establish an Arizona Health Insurance Exchange that complies with federal requirements. A public hearing was held in the House Banking and Insurance Committee.</p> <p>Q2 Testified before Joint House and Senate Health Committee Hearing on Exchange Status.</p> <p>Continue to engage and update the Legislature on Exchange planning.</p>	<p>Continue to engage and update the Legislature on Exchange planning.</p>	<p>Q1 Introduce and enact any enabling legislation necessary to ensure compliance with the ACA.</p> <p>Continue to engage and update the Legislature on Exchange planning.</p>	<p>Continue to engage and update the Legislature on Exchange planning.</p>
Governance	<p>Q3 In consultation with stakeholders develop a governance model that ensures public accountability and transparency.</p>	<p>Q2 Governor's office legal counsel will finalize memo outlining legal authority and identify issues that need statutory authorization.</p> <p>Q3 Finalize governance structure that has the legal authority to operate an Exchange in Arizona that complies with federal requirements.</p>		
Exchange IT Systems	<p>Q1 and Q2 Conduct IT Gap Analysis of existing eligibility and enrollment</p>	<p>Q1 Complete preliminary business requirements and</p>	<p>Q3 Complete final user testing,</p>	

	<p>systems, identity potential solutions for eliminating gaps with the ACA requirements and final recommendations on best approaches to meet ACA requirements.</p> <p><b>Q2 Complete IT GAP Analysis.</b></p> <p><b>Q3 Form work group and retain IT consultant to develop work plan and time line for preparation and award of IT infrastructure Request for Proposal.</b></p> <p><b>Q3 Issue Request for Information to receive additional information on commercially available programs for the individual and SHOP exchanges.</b></p>	<p>develop an IT architectural and integration framework. Complete SDLC implementation and security risk assessment and release plan.</p> <p><b>Q1 Issue RFP for development, design and maintenance of Exchange website.</b></p> <p><b>Q3 Award of website RFP</b></p> <p><b>Q3 Finalize IT and integration architecture. Complete final business requirements and interim detailed design and system requirements documentations.</b></p>	<p>including testing of all interfaces.</p>	
<b>Program Integration</b>	<p><b>Q2 Conduct review of current agency procedures and programs and identify changes needed to support Exchange operational requirements.</b></p> <p><b>Q2 Initiative meetings with AHCCCS, Arizona Department of Insurance, Arizona Department of Economic Security and the Health Information Exchange to coordinate efforts needed to establish an Insurance Exchange.</b></p> <p><b>Q4 Finalize an agreement</b></p>	<p>Continue collaboration on design and development of Exchange and AHCCCS IT systems to integrate eligibility determination and enrollment process.</p> <p><b>Q1 Perform detailed business process documentation to reflect current State business processes, and include future State process changes to support proposed Exchange operational</b></p>	<p>Refine business requirements in the inter service agreements with AHCCCS, ADOI and ADES to reflect more information on requirements of the Exchange.</p>	<p>Refine business requirements in the inter service agreements with AHCCCS, ADOI and ADES to reflect more information on requirements of the Exchange.</p>

	<p>with the Arizona Department of Insurance to coordinate responsibility for the certification and regulation of qualified health plans, risk adjustment program and other Exchange related activities.</p> <p>Q4 Finalize an agreement with AHCCCS that coordinates responsibility for eligibility and enrollment in public health programs through the Exchange under a no wrong door policy.</p>	requirements.		
Financial Management	<p>Adhere to all HHS financial reporting requirements under the planning grant and establishment cooperative agreement.</p> <p>Q3 Develop financial reporting system to support management activities of the Exchange and comply with all required financial reports by HHS.</p>	<p>Adhere to all HHS financial reporting requirements under establishment cooperative agreement.</p> <p>Q2 Develop financial model to determine projected enrollment in the Exchange and annual budget.</p> <p>Q3 Determine funding source such as user fees or assessments to ensure Exchange will be self sufficient</p>	Adhere to all HHS financial reporting requirements under establishment cooperative agreement.	<p>Adhere to all HHS financial reporting requirements under establishment cooperative agreement.</p> <p>Submit the required annual accounting report to HHS.</p>
Core Area	2011	2012	2013	2014
Oversight & Program Integrity	<p>Q3 Establish procedures to prevent waste, fraud and abuse regarding the expenditure of Exchange Planning and Establishment Grants.</p> <p>Continue to adhere to</p>	<p>Q1 and Q2 develop a financial model to determine projected enrollment in the Exchange and the annual budget.</p>		

	<p>all HHS financial reporting requirements</p> <p>Continue to utilize the Governor's accounting office staff and expertise on financial management procedures and issues.</p>	<p>Q3 Establish procedures for an independent, external audit of Exchange finances.</p> <p>Q3 Incorporate program integrity requirements into all vendor contracts.</p> <p>Continue to adhere to all HHS financial reporting requirements</p> <p>Continue to utilize the Governor's accounting office staff and expertise on financial management procedures and issues.</p>		
<p>Providing Assistance to Individuals and Small Businesses, Coverage Appeals and Complaints</p>	<p>Q2 The Arizona Department of Insurance will complete review of existing state consumer assistance, coverage appeals process and lay out steps needed to ensure the Exchange has capacity to handle complaints, appeals and requests for assistance.</p>	<p>Q2 Determine if the existing appeals process for resolving questions of medical necessity and contract is sufficient and what changes will be needed.</p> <p>Q2 Evaluate existing Department of Insurance telephony system to determine capability of handling</p>		

		<p>compliance with the ACA and Exchange requirements.</p> <p>Q3 Incorporate into the contract for the call center a customer service component to handle pre-enrollment and post enrollment assistance.</p>		
Certification of Qualified Health Plans	<p>Q2 The Arizona Department of Insurance will perform a gap analysis between current licensing requirements compared to the requirements to be a qualified health plan under the ACA.</p> <p>Q3 Develop a timeline for the certification process to meet the initial open enrollment period.</p> <p>Q2-Q4 Conduct stakeholder meetings and carrier work group on the certification process.</p> <p>Q4 Finalize requirements to be certified as a QHP.</p>	<p>Q1 Develop a timeline for integrating the certification process with the IT systems to ensure there is sufficient time to receive and approve filings for qualified health plans and upload to Exchange website.</p> <p>Q2 Finalize QHP certification form, decertification and recertification requirements</p>	<p>Q1 Accept applications to be qualified health plans.</p> <p>Q2 Department of Insurance review and certification applications.</p> <p>Q3 Certified qualified health plans will be submitted to the Exchange website.</p>	<p>Q3 Implement recertification procedures in time for second open enrollment period.</p>
Call Center	<p>Q3 Evaluate capability of AHCCCS and DES call centers for incorporation into Exchange.</p>	<p>Q2 Develop requirements for call center operations.</p> <p>Q2 Issue, evaluate and award RFP for call center vendor.</p>	<p>Q2 Launch call center operations, publicize availability of 1-800 number and post information on Exchange website.</p>	

Exchange Website and Calculator	<p>Q2 As part of the IT gap analysis develop requirements for the Exchange website and online calculator to determine eligibility for premium tax credit, cost sharing subsidies and eligibility for public programs.</p> <p>Q3 Consult with stakeholders on website functionality and user value.</p>	<p>Q1 Develop requirements for systems and program operations including: Requirements related to online comparison of QHPs, online applications, selection of QHPs, premium tax credit and cost sharing subsidy functionality and requests for assistance.</p> <p>Q3 Submit content for informational website to HHS for comment.</p> <p>Q3 Consult with stakeholders on website functionality and user value.</p>	<p>Q2 Collect qualified health plan data for comparison tool.</p> <p>Q3 Launch Exchange website</p> <p>Q3 Consult with stakeholders on website functionality and user value.</p>	<p>Consult with stakeholders on website functionality and user value.</p> <p>Monitor web site maintenance to ensure vendor performance.</p>
Quality Rating System	<p>Q2 Begin discussions with carrier work group on quality rating system.</p> <p>Q3 Review Federal quality rating system and incorporate into requirements for qualified health plans.</p> <p>Q3-Q4 Incorporate quality rating system requirements into RFI and RFP for the IT infrastructure.</p>	Q2 Include quality rating requirements into website functionality.	Q3 and before open enrollment Post quality ratings on Exchange website.	Update quality ratings on a regular basis.
Navigator Program	Q3 Review requirements for navigator programs as developed by CCIIO.	Q2 Determine qualifications of navigators including	Q1 Issue, evaluate and award contracts to qualified	Q2 evaluate performance of navigators and award second

	<p><b>Q3 Conduct stakeholder meetings on role and requirements of navigators.</b></p>	<p><b>licensure as an insurance producer.</b></p> <p><b>Q3 Determine funding source for navigator program.</b></p>	<b>organizations as navigators.</b>	<b>year grants.</b>
<b>Eligibility Determination</b>	<p><b>Q1 Begin coordination with AHCCCS, Arizona Department of Economic Security and the Arizona Department of Health Services regarding eligibility requirements for Medicaid, CHIP and other public programs.</b></p> <p><b>Q2 Conduct IT gap analysis regarding current system requirements and Exchange requirements.</b></p>	<p><b>Q1 Incorporate system requirements for eligibility determination into the Exchange IT systems to comply with no wrong door policy.</b></p>	<b>Q3 or before open enrollment begins, Complete all user testing.</b>	
<b>Enrollment Process</b>	<p><b>Q1 Begin coordination with AHCCCS, Arizona Department of Economic Security and the Arizona Department of Health Services regarding eligibility requirements for Medicaid, CHIP and other public programs.</b></p> <p><b>Q2 Conduct IT gap analysis regarding current system requirements and Exchange requirements.</b></p>	<p><b>Q1 Incorporate system requirements for eligibility determination into the Exchange IT systems to comply with no wrong door policy</b></p> <p><b>Q3 Begin developing requirements for systems and program operations, including: Providing customized plan information for individuals based on eligibility and QHP data, submitting</b></p>		



		enrollment transactions to QHP, receipt of enrollment transactions from QHP and submit relevant information to HHS		
<b>Applications and Notices</b>	<b>Q4 Review and modify HHS requirements for applications and notices.</b>	<b>Q2 Incorporate Exchange created applications and notices into systems requirements.</b>  <b>Q4 Complete stakeholder review and testing of applications and notices.</b>	<b>Q1 Finalize all applications and notices prior to open enrollment.</b>	
<b>Exemptions from Individual Responsibility and Payment</b>	<b>Q3 Review systems requirements for determining eligibility for individual responsibility exemption.</b>	<b>Q1 Begin systems development and incorporate into website RFP.</b>  <b>Q2 Review utilization of federal managed service for individual responsibility exemption</b>	<b>Q2 Complete user testing.</b>	
<b>Premium Tax Credit and Cost Sharing Reduction Administration</b>	<b>Q2 Complete IT gap analysis to determine systems requirements.</b>	<b>Q1 Begin system development and incorporate requirement into website RFP.</b>  <b>Q2 Review utilization of federal managed service for premium tax credit and cost sharing reduction</b>	<b>Q2 Complete user testing.</b>	

<b>Adjudication of Appeals of Eligibility Determination</b>		<p><b>Q3</b> Begin developing business processes and operational plan for appeals functions.</p> <p><b>Q4</b> Initiative communication with HHS on process for referring appeals to the federal appeals process.</p>	<b>Q1</b> Establish resources to handle appeals of eligibility determinations including training on eligibility requirements.	
<b>Notification and appeals of employer responsibility payment</b>	<b>Q4</b> Incorporate requirement into IT infrastructure RFP.	<b>Q3</b> Begin developing business processes and operational plan for appeals functions.	<b>Q1</b> Establish resources to handle appeals of eligibility determinations including training on eligibility requirements.	
<b>Information Reporting to IRS and Enrollee</b>	<b>Q4</b> Incorporate requirement into IT infrastructure RFP.	<p><b>Q1</b> Begin developing requirements for systems and program operations; including capturing enrollment data, submitting relevant data to HHS and capacity to generate reports.</p> <p><b>Q2</b> Begin systems development.</p>		
<b>Outreach and Education</b>	<p><b>Q3</b> Retain services of part time employee to prepare basics of marketing, public education and outreach campaign.</p> <p><b>Q4</b> Form stakeholder</p>	<b>Q3</b> Develop education and marketing materials, performance metrics and media strategy.	<b>Q1</b> Continue marketing and outreach campaign building up to Exchange Launch	<b>Continue</b> marketing and outreach campaign to build enrollment in Exchange.

	work group to develop marketing and outreach strategic plan.	<p>Q3 Submit final outreach and education plan to HHS.</p> <p>Q3 Issue, evaluate and award marketing, media and outreach RFP.</p> <p>Q3 Begin implementation of marketing campaign to build public awareness of the Exchange.</p>		
Free Choice Vouchers	<p>Q2 Research IT systems requirements for free choice vouchers as part of the IT gap analysis.</p> <p>Q3 Begin developing system requirements.</p>	<p>Q2 Incorporate system requirements for free choice voucher into website RFP.</p>		
SHOP-specific Functions	<p>Q2 Research the specific requirements for a SHOP Exchange as part of the IT gap analysis.</p> <p>Q3 Begin developing system and operational requirements for a SHOP Exchange.</p>	<p>Q2 Incorporate SHOP Exchange requirements into website and IT systems design and RFP.</p>	<p>Q3 or before open enrollment, Complete final testing of all systems.</p>	